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Alexandria, VA 22313-1450

| | |
|----------------------|-------------------|
| Attorney Docket | 032441.00141 |
| First Named Inventor | BARNETT |
| Application Number | 10/571,882 |
| Filing Date | December 12, 2006 |

| | |
|------------------|-----|
| Group Art Unit | TBA |
| Confirmation No. | TBA |
| Examiner Name | TBA |

Title: COMBINATION APPROACHES FOR GENERATING
IMMUNE RESPONSES

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners named below:

Customer No. 22907

as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.



Please change the correspondence address for the above-identified application to:

Customer No. 22907

STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on May 18, 2005 at Reel 016252, Frame 0905, or a copy of the assignment is enclosed herewith.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

☐ Applicant; or
☒ Assignee of record of the entire interest
☐ Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of Record

Signature



Name

Helen Lee

Title

Assistant Secretary, Novartis Vaccines and Diagnostics, Inc.

Date

12 November 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 10/571,882 |
| Filing Date | December 12, 2006 |
| First Named Inventor | BARNETT |
| Art Unit | TBA |
| Examiner Name | TBA |
| Attorney Docket Number | 032441.00141 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **22907**

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **22907**

OR

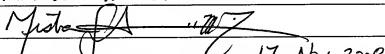
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| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | | | | |
| Country | | State | | ZIP | |
| Telephone | | Fax | | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--|
| Name | Michael SHMILOVICH |
| Signature |  |
| Date | 17 Nov 2008 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.